

Form B6J

In re _____	Case No.: _____
Debtor	(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home) \$ _____

Are real estate taxes included? Yes _____ No _____

Is property insurance included? Yes _____ No _____

Utilities: Electricity and heating fuel \$ _____

Water and sewer \$ _____

Telephone \$ _____

Other _____ \$ _____

Home Maintenance (Repairs and Upkeep) \$ _____

Food \$ _____

Clothing \$ _____

Laundry and dry cleaning \$ _____

Medical and dental expenses \$ _____

Transportation (not including car payments) \$ _____

Recreation, clubs and entertainment, newspapers, magazines, etc. \$ _____

Charitable contributions \$ _____

Insurance (not deducted from wages or included in home mortgage payments)

Homeowner's or renter's \$ _____

Life \$ _____

Health \$ _____

Auto \$ _____

Other _____ \$ _____

Taxes (not deducted from wages or included in home mortgage payments) \$ _____

(Specify) _____ \$ _____

Installment payments (In chapter 12 and 13 cases, do not list payments to be included in the plan)

Auto \$ _____

Other _____ \$ _____

Other _____ \$ _____

Alimony, maintenance, and support paid to others \$ _____

Payments for support of additional dependents not living at your home \$ _____

Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ _____

Other _____ \$ _____

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ _____

[FOR CHAPTER 12 AND 13 DEBTORS ONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income \$ _____

B. Total projected monthly expenses \$ _____

C. Excess income (A minus B) \$ _____

D. Total amount to be paid into plan each _____ \$ _____

(Interval)